## 2005 FOR PROFIT CORPORATION REINSTATEMENT

Principal Place of Buildness 6741 SW 24TH STREET 6741 SW 24TH STREET SUITE 56.57 MAMAIL FL 33155 MAMAIL FL 331	DOCUMENT # P03000124867  1. Entity Name THERAPIUM HEALTH CORPORATION						FILED 05 OCT -3 AH 9 21				
Suite, Apt. #, etc.    Suite, Apt. #, etc.	6741 SW 24TH STREET										
City & State    City & State   Country   Country   Country   S. Perficience of Status Desired   S8.75 Additional For Repairs of For Regulation of Sand Applicable   S8.75 Additional For Regulation of New Regulation of Regul	2. Principal P	Place of Busin	Blud.	3. Mailing Address							
Sacrational				Suite, Apt. #, etc.			09272005	REIN-P	CR2E	098 (6/04)	
BARRERA AVALDIVIA CARLOS M 6930 SW 23 STREET MAMI, FL 33155  B. Centrace of of Stephane Agent  7. Name and Address of New Registered Agent  Norme MCHAEL FERE Z  Street Address (P.O. Box Number is Not Acceptable)  3.8.7 FARK Blud.  City Mighant  FL Zig Code City Mighant  City Mighant  FL Zig Code City Mi	City & State UIAMI FL			City & State						<u> </u>	<u> </u>
BARRERA VALDIVIA, CARLOS M 6330 SW 23 STREET MIAMI, FL 33155  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of injustment agent.  Signar (lipidations) of injustment.  Signar (lipidations) of injustment.  Signar (l	3312	9	Country	Zip	Country		5. Certificate	of Status Desired			
BARRERA VALDIVIA, CARLOS M 6930 SW 23 STREET MIAMI, FL 33155  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state agent agent with a familiar with, and accept agent, or registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept agent with a familiar with, and accept agent with a familiar with and accept agent with a familiar with and accept agent with a familiar with and accept and accept agent with a familiar with a state of Florida. I am familiar with, and accept and the state of Florida. I am familiar with and accept and the man		6. Name	and Address of Current F	Registered Agent	N.		7. Name and	Address of New	Registered /	Agent	
Size Address (P.O. Box Number is Not Acceptable)  3.8.7   ARK   Blud.  CIMILIANI  8. The above named entity submits this statement for the purpose of changing its registered alignm, or both, in the State of Florida. I am familiar with, and accept the chilipstone of registered alignm.  SIGNATURE  FILE NOWILL FEE IS \$750.00  AREF January 1, 2006, Fee will be \$900.00  10. OFFICERS AND DIRECTORS   11.  BY  Debte   THE NOWILL FEE IS \$750.00  AREF January 1, 2006, Fee will be \$900.00  11. OFFICERS AND DIRECTORS IN 11  THE NAME SITE ADDRESS   CHT-S1-2P   Change   Middlion Name   Change   Middlion   Change   Middlion   Change   Chang	BARRERA	VAI DIVI	A CARLOS M			MIC	HAEL	PEREZ			
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU					4	287 /	PARK B	lud.		Zin Cod	
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